



### **Background:**

In 1987, Kay and Fred Lokoff formed the Terri Lynne Lokoff Child Care Foundation to honor the memory of their daughter, Terri. The Foundation was created to raise awareness for the need of quality, affordable child care, and to elevate the status of child care teachers in our society. As of 2020, the Terri Lynne Lokoff Child Care Foundation has merged with First Up and will continue to present the Terri Lynne Lokoff Teacher Awards.

The Terri Lynne Lokoff Teacher Award acknowledges the critical role of child care teachers in providing quality early care and education. Child care teachers from all 50 states, the District of Columbia and on U.S. Military bases and installations around the world are invited to apply. The Terri Lynne Lokoff Teacher Awards have been proudly presented since 1994.

### **About the Award:**

Fifty awards are presented each year.

Each award recipient will receive:

- A \$1000 cash prize
- A paid trip to historic Philadelphia to participate in the Terri Lynne Lokoff Teacher Awards Ceremony\*
- Opportunity to connect with peers and exchange ideas

One teacher will also be selected as the winner of the Helene Marks Award+ and bestowed with the honor of being named National Child Care Teacher of the Year. The Teacher of the Year will receive an additional \$1000 cash prize.



\*Due to the COVID-19 pandemic, First Up reserves the right to cancel any large, in-person gatherings for the safety of our staff and participants.

+The Helene Marks Award winner is determined from the Top 10 application scorers of the 50 recipients. Applications are scored from a rubric.

# The Terri Lynne Lokoff Teacher Awards Official Application Guidelines

## **Eligibility Requirements:**

The following criteria must be met in order for an application to be considered.

### **Prior to the COVID-19 pandemic (defined as prior to March 1, 2020):**

#### **Applicants must:**

- Be full-time child care teachers employed in a home, group or center-based program that is fully compliant with local and state regulations for operating child care programs. Applicants must work a minimum of 32 hours per week, 12 months per year at the same center.
- Be with the same children for 10 consecutive months.
- Be working as paid, full-time child care teachers in their current regulated program for a minimum of 36 consecutive months (2 years, 2 months by February 29, 2019).
  - Applicants may apply having worked in a teaching position for the same child care entity for 26 consecutive months (2 years, 2 months) in more than one location.
  - Applicants employed by a U.S. Military child care facility, must have been employed in their current location for a minimum of 12 consecutive months.
- Be teachers of infant, toddler or preschool age children.

#### **Other Requirements:**

- Prior to the pandemic programs must have been open a minimum of 9 hours a day, 5 days a week, 12 months per year.
- Only one teacher per application may apply for this award.
- Only one application per center may be submitted.
- Multi-site agencies may submit one application per site.
- TLLCCF Child Care Teacher Award winners from 1994 to 2016 may reapply.
- Full day Head Start with wrap-around care programs, are eligible to apply, but teachers must be with same children all day.
- Teachers that are currently furloughed due to the COVID-19 pandemic are eligible to apply, but are required to submit an additional letter certifying this status.

## **Not Eligible**

- Teacher Award recipients who've won the award twice.
- Teachers of part-day Head Start without Wrap-around Care Programs OR other part-day preschool programs.
- Teachers of kindergarten children in child care or other settings.
- Teachers of school age children in child care settings. (i.e. before/after school programs).
- Administrative Teachers (staff who have administrative responsibilities that prevent them from being a full-time teacher.)
- Co-teachers or teaching teams are not eligible to share this award (Only one recipient per award).
- TLLCCF Child Care Teacher Award winners from 2016 to present.
- Applications completed, revised or modified by anyone other than the applicant (including but not limited to a grant writer, director, or any administrative staff) are not eligible.

## **Deadline**

Completed applications must be received/postmarked by **January 29th, 2021**. No exceptions will be made.

# The Terri Lynne Lokoff Teacher Awards Official Application

## Application must include the following information:

**Part I – Applicant Information** —Type or neatly print answers in the spaces provided. Application may not be retyped or altered. Applications that are not legible will be disqualified.

**Part II – Questions** - Three to six sentences per question. Margins-half inch to an inch, 12pt minimum. No Photos. Print your name, center name and the total number of children in your classroom and their ages at the top of each page.

1. Describe your role in meeting the developmental needs of the children on a typical day.
2. Describe how you interact with the children.
3. Tell us about the children when you were last in your classroom - developmentally, physically, emotionally, cognitively and socially.
4. Describe your classroom setting and how it meets the needs of the children.
5. Describe an interaction with a child or the children in your classroom that you are particularly proud of and why.
6. Describe a classroom enhancement project that you would like to complete and the impact it would have on the children in your care. (For this question only, a maximum of 12 sentences can be used.)

**Part III - Essay** - Maximum of 2 pages.

In essay form, describe the impact of COVID-19 on you and your child care community and how you think COVID-19 has changed the view of child care.

## **Part IV – Required Documentation**

Provide the following documents:

- A copy (not the original) of the center's current state license or a current document demonstrating full compliance with local
- and state regulations for operating child care programs. This document must provide dates of validity. If applicable, a copy of accreditation certificate (not the original) should be included.
- One letter of support from a current parent of a child in the program/classroom.
- One letter of support from Director (if center employee) or Administrator (if affiliated home-based operator).
- One letter from a colleague.
- Family providers without an administrator or colleague must submit two letters of support from current parents.
- Listing of calendar days the Child Care Center or Home Facility is closed for the 2020-2021 year. Please include holidays and/or vacation.
- If furloughed - a signed copy of the Intent to Rehire (attached) from your director.

**NOTE:** Other than letters of support, the application must be the work product of the applicant. Applications completed, revised or modified by anyone other than the applicant (grant writer, director, or any administrative staff) are not eligible. By signing the Applicant's Consent Form the applicant certifies that he/she has authored the responses. Only applications containing all completed forms and requested materials are considered. Applicants are subject to disqualification if the guidelines listed above are not followed. NO EXCEPTIONS.

All applicants will be notified by mail if they have won by mid-March 2021.

Completed paper applications should be sent to: First Up  
1608 Walnut St, Suite 300  
Philadelphia, PA 19103

# Terri Lynne Lokoff Teacher Awards Official Application

## Part I – APPLICANT INFORMATION SHEET

Date \_\_\_\_\_

(PLEASE PRINT)

Applicant Name \_\_\_\_\_

Program Director (centers only) \_\_\_\_\_

Highest Level of Education and Area of Concentration \_\_\_\_\_

List child care scholarships and awards won \_\_\_\_\_

CDA Credential:      Yes              No      If yes, Expiration Date \_\_\_\_\_

List membership in professional organizations \_\_\_\_\_

Program Name \_\_\_\_\_

Program Status (Choose One)      Open              Closed Permanently              Closed Indefinitely  
Projected to Reopen on \_\_\_\_\_

Program Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State Regulatory Agency \_\_\_\_\_ Contact Number \_\_\_\_\_

Program Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Work \_\_\_\_\_ E-Mail Home \_\_\_\_\_

No. of Children in Center/Program \_\_\_\_\_ No. of Children in Classroom \_\_\_\_\_ Children's Ages \_\_\_\_\_

Center's Daily Hours of Operation \_\_\_\_\_ Months of Operation \_\_\_\_\_

Applicant's Work Schedule \_\_\_\_\_ Months Worked Per Year \_\_\_\_\_

No. of Years at This Program \_\_\_\_\_ Date of Hire at This Center \_\_\_\_\_ No. of Years in the Field \_\_\_\_\_

I learned about the awards program from:      Family Child Care Home      Group Home  
Child Care Center      NAEYC Affiliate      NAEYC      T.E.A.C.H.      TWITTER      Facebook  
I won in year \_\_\_\_\_      CCRR      A Past Recipient

# Terri Lynne Lokoff Teacher Awards Official Application

**CHECK LIST** – This page must be the first page of the completed application.

## Part I - Applicant Information Sheet

## Part II - Completed Short Answer Questions

## Part III - Completed Essay Question

## Part IV – Required Documentation

Copy of current state license or document demonstrating compliance with local and state regulations for operating childcare programs. Document must show date of inspection/review from state entity.

Accreditation certificate (if applicable).

Letter of support from a current parent of a child in your classroom or family/group home.

Letter of support from Director (if center employee) or Administrator (if affiliated home-based provider).

Certification of Intent to Rehire from Director (if furloughed)

Letter of support from a colleague.

Family providers without an administrator or colleague must submit two letters of support from current parents.

Calendar of Dates closed for Child Care Center or Home for 2020-2021 year.

Applicant's Consent Form. (This must be the last page.)

\*\*Please verify that all of the above checked items are enclosed before signing and sending your application. Your application will not be reviewed by the selection committee unless all necessary information is included.

Do NOT include photographs or any additional information not required or asked for, it will not be considered. Do not staple or bind your application.

I affirm that I am the sole author of the answers to the written questions and that all statements made in this application are true and correct to the best of my knowledge. (Initial) \_\_\_\_\_

Yes, I have included all of the required information that I checked above. I understand that my application will not be accepted if anything has been omitted or I have not followed all of the directions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Terri Lynne Lokoff Teacher Awards Official Application

## Applicant's Consent Form - THIS MUST BE THE LAST PAGE OF APPLICATION

I, \_\_\_\_\_, certify that if selected as one of the Terri Lynne Lokoff Teacher Award Recipients, I will adhere to the guidelines for any requested materials, including travel documents, bios, photos, and recipient information form by the expected date.

**Note:** In the event of an in-person awards ceremony, attendance to the awards ceremony is expected, but not mandatory. In the event that we are not able to host an in-person event, we will conduct a virtual event on the same date.

I hereby grant First Up and any affiliated companies related to the Terri Lynne Lokoff Teacher Awards that they may authorize, and to their respective successors, assigns, licensees, employees and agents, the following rights to and in connection with the production, exhibition, distribution, advertising, promotion, publicizing (through the press or media) or of other charitable endeavors, throughout the universe, in all now known and hereafter devised media, including but not limited to book publication, magazine articles, web site, social net- working sites, and in any language: (a) to use this application or any excerpts therefrom; (b) to televise, photograph, film, tape or otherwise record me or my voice; and (c) to use my name, physical likeness or voice; and, (d) use any images or reports provided by applicant in conjunction with its application or follow up reports.

I further acknowledge and understand that the Terri Lynne Lokoff Teacher Award is the sole responsibility of First Up and not the responsibility of any and all sponsors, whether title sponsor or otherwise.

If I am selected as a recipient of the Terri Lynne Lokoff Teacher Award, any monies awarded to me and the facility that I am employed at as entered on the application will be payable as follows: \$1000 to be used at my own discretion.

Applicant's Name: \_\_\_\_\_  
(Please Print Clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting your information to the awards committee and signing the application, you are giving First Up the absolute and irrevocable rights to use your name, child care facility name, quotes and/or photos and images on the Internet, in print publications, video, multimedia presentations and/or for any purpose which may include, but not limited to display, public relations, marketing or designs.

## **Guidelines for Letters of Support**

Applicant's Name \_\_\_\_\_

The above-named teacher has applied for the Terri Lynne Lokoff Teacher Award. As part of the selection process, your views help us to assess the teacher's skills and abilities.

- On one 8-1/2 x 11 page, please explain how the above named teacher and his/her classroom exemplify the best in quality child care. Please cite specific examples.
- Include the length of time you have known the applicant.
- It is preferable that letters be typed on personal or professional letterhead. Neatly handwritten letters are acceptable. Please include the date written and your signature.

Letters of support are required as they are an integral part of the selection process.

Thank you in advance for helping to support quality child care.

Thank you for your participation,

*Marcy K. Bacine*

Marcy K. Bacine  
Child Care Specialist

**Certification of Intent to Rehire**

Applicant's Name \_\_\_\_\_

The above-named teacher has applied for the Terri Lynne Lokoff Teacher Award, but has indicated that they have been furloughed due to COVID-19. As part of the selection process, we need to verify that the teacher will be rehired when the situation permits.

By completing the information below, you are certifying that it is your current plan to rehire the above-named teacher to continue their role in the same classroom.

Your Name \_\_\_\_\_

Your Contact Phone Number \_\_\_\_\_

I certify that when the situation permits, I intend to rehire \_\_\_\_\_  
as a full-time child care teacher in my facility.

Sign Here \_\_\_\_\_ Date \_\_\_\_\_